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CHRISTUS ST JOSEPH VILLA 451 BISHOP FEDERAL LANE SALT LAKE CITY UT 84115 STATE'S REGION CODE: 001

FACILITY BEDS PROVIDER #: 465095 PHONE NUMBER: (801) 487-7557
PARTICIPATION DATE: 10/01/1984 CERTIFIED: 221

TOTAL: 221 TYPE OWNERSHIP: NONPROFIT - CHURCH RELATED

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TYPE ACTION: RECERTIFICATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 04/20/2005	LTC ADMISSION/SUSPENSION DATES	TOT	CAL CERTIF	IED BED	S: 221
TOTAL: 185 MEDICARE: 34	ADMISSION SUSPENDED: SUSPENSION RESCINDED:	18	18/19	19 	ICF/MR
MEDICAID: 64			221		

CURRENT SURVEY REVISIT DATES - 06/20/2005

PRIOR 3 SURVEY 05/2002	S/S CODE	PRIOR 2 SURVEY 03/2003	CODE	PRIOR 1 SURVEY 02/2004	S/S CODE	CURRENT SURVEY 04/20/20	S/S CODE 05	PLAN/DATE OF CORRECT		PROGRAM REQUIREMENTS
X X	H D					ХС	E	05/01/2005	REQ REQ REO	F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	E			X X	D D	A C	ь	03/01/2003	REQ REQ	F0282-SERVS BY QUALIFIED PERSONS IN ACCORD W/ CARE PLAN F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	G			Α	Д	ХС	D	06/11/2005	REQ REQ REQ	F0324-SUPERVISION/DEVICES TO PREVENT ACCIDENTS F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
X	D	X	G	Х	Е				REQ REQ REQ	F0327-FACTLITY PROVIDES SUFFICIENT FLUID INTAKE F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS F0332-MEDICATION ERROR RATES OF 5% OR MORE
X X	H B	Х	D.						REQ REQ	F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	E E	X	E				REQ	F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
X	Е					X N X C	B E	04/29/2005	REQ REQ REO	F0426-FACTLITY PROVIDES PHARMACEUTICAL SERVICES F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB
X X	H D					A C		04/25/2005	REQ REO	F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
X	D			X	E		_	05/45/0005	REQ	F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
X X	D H					ХС	D	06/17/2005	REQ REQ	F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.
C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED
COP = CONDITION REQ = REQUIREMENT X=DEFICIENT

EDITION OF LSC APPLIED 85 EXIST 85 EXIST 2000 EXIS2000 EXIS PRIOR 3 SURVEY PRIOR 2 PRIOR 1 SURVEY SURVEY CURRENT PLAN/DATE SURVEY OF CORRECTION LSC DEFICIENCIES - BLDG NO. 01 04/2002 03/2003 02/2004 05/12/2005 K0011-COMMON WALL K0011-COMMON WALL
K0014-INTERIOR FINISH - CORRIDOR
K0017-CORRIDOR WALLS
K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
K0029-HAZARDOUS AREAS - SEPARATION Х X X N Х X X Х K0039-CORRIDOR WIDTH K0046-EMERGENCY LIGHTING
K0050-FIRE DRILLS
K0052-TESTING OF FIRE ALARM
K0056-AUTOMATIC SPRINKLER SYSTEM
K0061-MAIN SPRINKLER CONTROL X X X C 05/25/2005 X X Χ X N Х Χ K0062-SPRINKLER SYSTEM MAINTENANCE Χ K0066-SMOKING REGULATIONS K0069-COOKING EQUIPMENT X N Х X C 06/16/2005 K0072-FURNISHING AND DECORATIONS X K0073-FLAMMABLE FURNISHINGS K0075-WASTEBASKETS XС 06/17/2005 K0076-MEDICAL GAS SYSTEM X Х K0130-OTHER K0143-OXYGEN TRANSFER REQUIREMENTS X C 06/02/2005 06/01/2005 K0160-EXISTING ELEVATOR REQUIREMENTS

OSCAR REPORT 3 HISTORY FACILITY PROFILE

85 NEW PRIOR 3 SURVEY	OF LSC AP 85 NEW PRIOR 2 SURVEY	2000 EXI PRIOR 1 SURVEY	S2000 EXIS CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 02
04/2002	03/2003	02/2004	05/12/2005		
	X				K0011-COMMON WALL
	X	X			K0015-INTERIOR FINISH - ROOMS
X					K0034-STAIRS AND SMOKE PROOF TOWERS
		X			K0050-FIRE DRILLS
	X				K0061-MAIN SPRINKLER CONTROL
		X			K0062-SPRINKLER SYSTEM MAINTENANCE
	X				K0070-SPACE HEATERS
	X				K0073-FLAMMABLE FURNISHINGS
	37				K0130-OTHER
	A				KUISU-UINEK

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2	PRIOR 3
CONDITION	0	0	0	0
REQUIREMENT	5	5	3	13
HEALTH TOTAL	5	5	3	13
LIFE SAFETY CODE	8	10	18	5
LIFE SAFETY CODE + HEALTH	1.3	15	21	1.8

COMPLAINT SURVEY INFORMATION

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY